

KENTUCKY BOARD OF PHARMACY
SPINDLETOP ADMINISTRATION BLDG., STE 302
2624 RESEARCH PARK DRIVE
LEXINGTON, KY 40511
PHONE 859-246-2820 FAX 859-246-2823

PHARMACIST LICENSE RENEWAL APPLICATION

Please print legibly. Enclose check or money order made payable to 'Kentucky State Treasurer' for the amount of \$80.00. Return the completed application to the Kentucky Board of Pharmacy no later than February 28th. KRS 315.110(3) requires a pharmacist to possess a current pocket certificate at all times when engaged in the practice of pharmacy.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.

Name _____ RPh License No _____

Sex (check one): ☐ Male ☐ Female *Preceptor _____ YES _____ NO

Street _____ Home Phone _____

City _____ County _____ State _____ Zip _____

E-mail Address _____ Birthdate _____ Social Security Number _____

Primary Place of Employment:

[Please provide secondary places of employment on additional sheet and attach.]

Pharmacy/Business Name _____ Pharmacy Permit No. _____

Address _____ Phone No. _____

City _____ County _____ State _____ Zip _____

YOUR APPLICATION FOR RENEWAL WILL BE RETURNED UNLESS ALL QUESTIONS ARE ANSWERED, ANY REQUIRED EXPLANATION IS PROVIDED AND THE APPLICATION IS DATED AND SIGNED.

- A. Have you ever been convicted of any law relating to the practice of pharmacy, drugs, or controlled substances which you have not previously reported to this Board? _____ YES, attach an explanation _____ NO
- B. Have you been refused licensure or re-licensure by any Board of Pharmacy which you have not previously reported to this Board? _____ YES, attach an explanation _____ NO
- C. Have you had a Pharmacist or Pharmacy license/permit surrendered to or fined, suspended, probated, or revoked by any Board of Pharmacy which you have not previously reported to this Board? _____ YES, attach an explanation _____ NO
- D. I have completed the CE requirements necessary for renewal in Kentucky or the state in which I presently practice? {Do not submit proof of CE with your renewal} _____ YES _____ NO, attach an explanation

I certify that I am not in default nor have I received notice of being in default of any insured Student Loan under the Federal Family Educational Loan Program [FFELP] that is administered by or through the Kentucky Higher Education Assistance Authority or equivalent state or federal agency. A pharmacist who makes a false, fraudulent or forged statement or misrepresentation of a material fact in securing renewal of a license is subject to disciplinary action pursuant to KRS 315.121(1)(e).

DATE _____

SIGNATURE _____

- ***PRECEPTORS** - Pharmacists seeking to serve as preceptors, but non yet certified, must have been licensed in Kentucky for not less than one year and submit a written request to the Board office. There is no additional fee for this status. Pharmacists no longer wishing to serve as a preceptor must submit a written request of removal to the Board office.
- Pharmacists newly licensed by examination during the last year are exempt from that year's CE requirements.
- Pharmacists who have undergone a name change and who request their license to be issued in a name other than that provided for in their original application or pursuant to a subsequent request for a name change are required to provide a copy of legal documentation of the name change, i.e. a marriage license, divorce decree or other judgments of a court of competent jurisdiction.

OPTIONAL DEMOGRAPHIC INFORMATION

Race/Ethnic Group (check one):

☐ Caucasian

☐ Hispanic

☐ American Indian or Alaskan Native

☐ African American

☐ Asian

☐ Other _____

PHARMACY SCHOOL _____